

Credit Card

## City of Carlsbad

01/20/1999

**Commercial/Industrial Permit** Permit No: CB990027  
Building Inspection Request Line (760) 438-3101

Job Address: 3140 EL CAMINO REAL CBAD  
Permit Type: TI Sub Type: COMM  
Parcel No: 1670906100 Lot #: 0 Status: ISSUED  
Valuation: \$1,000.00 Construction Type: VN Applied: 01/02/1999  
Occupancy Group: Reference #: Entered By: MDP  
Project Title: OPEN WALL BETWEEN 272-274 Plan Approved:  
01/14/1999 Issued: 01/20/1999  
Inspect Area:

Applicant:  
SCHROEDER CONSTRUCTION  
  
2691 STATE ST  
CARLSBAD CA 92008  
760 434 4396

Owner:  
H S P ELCAMINO NORTH INC  
8530 WILSHIRE BLVD #509 5541 01/20/99 0001 01 02  
BEVERLY HILLS CA C-PRMT 86-1B  
90211

Total Fees: \$86.18 Total Payments To Date: \$0.00 Balance Due: \$86.18

Building Permit	\$24.35	Recl. Water Con. Fee	\$0.00
Add'l Building Permit Fee	\$0.00	Meter Size	
Plan Check	\$15.83	Add'l Recl. Water Con. Fee	\$0.00
Add'l Plan Check Fee	\$0.00	CFD Payoff Fee	\$0.00
Plan Check Discount	\$0.00	PFF	\$0.00
Strong Motion Fee	\$1.00	PFF (CFD Fund)	\$0.00
Park Fee	\$0.00	License Tax	\$0.00
LFM Fee	\$0.00	License Tax (CFD Fund)	\$0.00
Bridge Fee	\$0.00	Traffic Impact Fee	\$0.00
BTD #2 Fee	\$0.00	Traffic Impact (CFD Fund)	\$0.00
Renewal Fee	\$0.00	PLUMBING TOTAL	\$0.00
Add'l Renewal Fee	\$0.00	ELECTRICAL TOTAL	\$20.00
Other Building Fee	\$25.00	MECHANICAL TOTAL	\$0.00
Pot. Water Con. Fee	\$0.00	Master Drainage Fee:	\$0.00
Meter Size		Sewer Fee:	\$0.00
Add'l Pot. Water Con. Fee	\$0.00	TOTAL PERMIT FEES	\$86.18

Inspector: 

FINAL APPROVAL

Date: 2-22-99

Clearance: \_\_\_\_\_

NOTICE: Please take NOTICE that approval of your project includes the "Imposition" of fees, dedications, reservations, or other exactions hereafter collectively referred to as "fees/exactions." You have 90 days from the date this permit was issued to protest imposition of these fees/exactions. If you protest them, you must follow the protest procedures set forth in Government Code Section 66020(a), and file the protest and any other required information with the City Manager for processing in accordance with Carlsbad Municipal Code Section 3.32.030. Failure to timely follow that procedure will bar any subsequent legal action to attack, review, set aside, void, or annul their imposition.

You are hereby FURTHER NOTIFIED that your right to protest the specified fees/exactions DOES NOT APPLY to water and sewer connection fees and capacity changes, nor planning, zoning, grading or other similar application processing or service fees in connection with this project. NOR DOES IT APPLY to any fees/exactions of which you have previously been given a NOTICE similar to this, or as to which the statute of limitations has previously otherwise expired.

# PERMIT APPLICATION

CITY OF CARLSBAD BUILDING DEPARTMENT  
2075 Las Palmas Dr., Carlsbad CA 92009  
(760) 438-1161



## FOR OFFICE USE ONLY

PLAN CHECK NO. 99-0027  
EST. VAL. \_\_\_\_\_  
Plan Ck. Deposit \_\_\_\_\_  
Validated By \_\_\_\_\_  
Date \_\_\_\_\_

### 1. PROJECT INFORMATION

Address (include Bldg/Suite #) 3140 EL CAMINO REAL Business Name (at this address) MARRIOTT BRIGHTON GARDENS  
Legal Description \_\_\_\_\_ Lot No. \_\_\_\_\_ Subdivision Name/Number \_\_\_\_\_ Unit No. \_\_\_\_\_ Phase No. \_\_\_\_\_ Total # of units \_\_\_\_\_  
Assessor's Parcel # \_\_\_\_\_ Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_  
Description of Work \_\_\_\_\_ SQ. FT. \_\_\_\_\_ # of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_  
CUT IN DOOR BETWEEN (2) EXISTING, ADJACENT UNITS BETWEEN 2721 274

### 2. CONTACT PERSON (if different from applicant)

TOM SCHROEDER  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

### 3. APPLICANT ☒ Contractor ☐ Agent for Contractor ☐ Owner ☐ Agent for Owner

SCHROEDER CONSTRUCTION & DEVELOPMENT 2691 STATE ST. CARLSBAD, CA. 92008 (760) 434-4396  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

### 4. PROPERTY OWNER

MARRIOTT INTERNATIONAL 10400 FERNWOOD RD. BETHESDA, MD. 20817 (800) 638-8108  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

### 5. CONTRACTOR - COMPANY NAME

(Sec. 7031.5 Business and Professions Code: Any City or County which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law [Chapter 9, commencing with Section 7000 of Division 3 of the Business and Professions Code] or that he is exempt therefrom, and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500)).

SCHROEDER CONST. & DEVEL. 2691 STATE ST. CARLSBAD, CA. 92008 (760) 434-4396  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

State License # 494954 License Class B-1 City Business License # 1204546

Designer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

State License # \_\_\_\_\_

### 6. WORKERS' COMPENSATION

Workers' Compensation Declaration: I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☒ I have and will maintain workers' compensation, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Insurance Company STATE FUND Policy No. 1281221-78 Expiration Date 3-1-99

(THIS SECTION NEED NOT BE COMPLETED IF THE PERMIT IS FOR ONE HUNDRED DOLLARS [\$100] OR LESS)

☐ CERTIFICATE OF EXEMPTION: I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

**WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor code, interest and attorney's fees.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### 7. OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason:

☐ I, as owner of the property or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with contractor(s) licensed pursuant to the Contractor's License Law).

☐ I am exempt under Section \_\_\_\_\_ Business and Professions Code for this reason:

1. I personally plan to provide the major labor and materials for construction of the proposed property improvement. ☐ YES ☐ NO

2. I (have / have not) signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction (include name / address / phone number / contractors license number):

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise and provide the major work (include name / address / phone number / contractors license number):

5. I will provide some of the work, but I have contracted (hired) the following persons to provide the work indicated (include name / address / phone number / type of work):

PROPERTY OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### COMPLETE THIS SECTION FOR NON-RESIDENTIAL BUILDING PERMITS ONLY

Is the applicant or future building occupant required to submit a business plan, acutely hazardous materials registration form or risk management and prevention program under Sections 25505, 25533 or 25534 of the Presley-Tanner Hazardous Substance Account Act? ☐ YES ☒ NO

Is the applicant or future building occupant required to obtain a permit from the air pollution control district or air quality management district? ☐ YES ☒ NO

Is the facility to be constructed within 1,000 feet of the outer boundary of a school site? ☐ YES ☒ NO

**IF ANY OF THE ANSWERS ARE YES, A FINAL CERTIFICATE OF OCCUPANCY MAY NOT BE ISSUED UNLESS THE APPLICANT HAS MET OR IS MEETING THE REQUIREMENTS OF THE OFFICE OF EMERGENCY SERVICES AND THE AIR POLLUTION CONTROL DISTRICT.**

### 8. CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097(i) Civil Code).

LENDER'S NAME \_\_\_\_\_ LENDER'S ADDRESS \_\_\_\_\_

### 9. APPLICANT CERTIFICATION

I certify that I have read the application and state that the above information is correct and that the information on the plans is accurate. I agree to comply with all City ordinances and State laws relating to building construction. I hereby authorize representatives of the City of Carlsbad to enter upon the above mentioned property for inspection purposes. I ALSO AGREE TO SAVE, INDEMNIFY AND KEEP HARMLESS THE CITY OF CARLSBAD AGAINST ALL LIABILITIES, JUDGMENTS, COSTS AND EXPENSES WHICH MAY IN ANY WAY ACCRUE AGAINST SAID CITY IN CONSEQUENCE OF THE GRANTING OF THIS PERMIT.

OSHA: An OSHA permit is required for excavations over 5'0" deep and demolition or construction of structures over 3 stories in height.

**EXPIRATION:** Every permit issued by the Building Official under the provisions of this Code shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 365 days from the date of such permit or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days (Section 106.4.4 Uniform Building Code).

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE 12-10-98



# City of Carlsbad Inspection Request

For: 2/10/99

Permit# **CB990027**

Inspector Assignment: **PS**

Title: **OPEN WALL BETWEEN 272-274**

Description:

Type: **TI**

Sub Type: **COMM**

Phone: **6199697288**

Job Address: **3140 EL CAMINO REAL**

Suite: Lot **0**

Location:

Inspector: **PS**

APPLICANT : **SCHROEDER CONSTRUCTION**

Owner: **MARRIOT, BRIGHTON GARDENS,**

Remarks: **DOOR CUT IN INSPECTION**

Total Time: \_\_\_\_\_

Requested By: **TOM**

Entered By: **CHRISTINE**

CD	Description	Act	Comments
	<b>19 Final Structural</b>	<b>NS</b>	<b>ROLL TO 2-11-99</b>
		<b>AP</b>	<b>2-11-99</b>

## Inspection History

Date	Description	Act	Insp	Comments
1/22/99	14 Frame/Steel/Bolting/Welding	AP	PS	

# **EsGil Corporation**

*In Partnership with Government for Building Safety*

DATE: **1/12/99**

JURISDICTION: **Carlsbad**

PLAN CHECK NO.: **99-0027**

SET: **I**

PROJECT ADDRESS: **3140 El Camino Real**

PROJECT NAME: **Brighton Gardens/Add Door Between Suites**

- ☐ APPLICANT
- ☒ JURIS
- ☐ PLAN REVIEWER
- ☐ FILE

- ☒ The plans transmitted herewith substantially comply with the jurisdiction's building codes.
- ☐ The plans transmitted herewith will substantially comply with the jurisdiction's building codes when minor deficiencies identified below are resolved and checked by building department staff.
- ☐ The plans transmitted herewith have significant deficiencies identified on the enclosed check list and should be corrected and resubmitted for a complete recheck.
- ☐ The check list transmitted herewith is for your information. The plans are being held at Esgil Corporation until corrected plans are submitted for recheck.
- ☐ The applicant's copy of the check list is enclosed for the jurisdiction to forward to the applicant contact person.
- ☐ The applicant's copy of the check list has been sent to:

☒ Esgil Corporation staff **did not** advise the applicant that the plan check has been completed.

☐ Esgil Corporation staff **did** advise the applicant that the plan check has been completed.

Person contacted:

Telephone #:

Date contacted:

(by: )

Fax #:

Mail Telephone Fax In Person

☐ REMARKS:

By: **Mike Puckett**

Enclosures:

Esgil Corporation

☐ GA ☐ MB ☐ EJ ☐ PC 1/5/99

trnsmtl.dot

**Carlsbad 99-0027**

**1/12/99**

**PLAN REVIEW CORRECTION LIST  
TENANT IMPROVEMENTS**

PLAN CHECK NO.: <b>99-0027</b>	JURISDICTION: <b>Carlsbad</b>
OCCUPANCY: A3/R2.1/R2.2	USE: Residential Care
TYPE OF CONSTRUCTION: V-1hr	ACTUAL AREA: No Change
ALLOWABLE FLOOR AREA:	STORIES: 3
	HEIGHT:
SPRINKLERS?: Yes	OCCUPANT LOAD: No Change
REMARKS:	
DATE PLANS RECEIVED BY JURISDICTION: 1/5/99	DATE PLANS RECEIVED BY ESGIL CORPORATION: 1/5/99
DATE INITIAL PLAN REVIEW COMPLETED: <b>1/12/99</b>	PLAN REVIEWER: <b>Mike Puckett</b>

**FOREWORD (PLEASE READ):**

This plan review is limited to the technical requirements contained in the Uniform Building Code, Uniform Plumbing Code, Uniform Mechanical Code, National Electrical Code and state laws regulating energy conservation, noise attenuation and access for the disabled. This plan review is based on regulations enforced by the Building Department. You may have other corrections based on laws and ordinances enforced by the Planning Department, Engineering Department, Fire Department or other departments. Clearance from those departments may be required prior to the issuance of a building permit.

Code sections cited are based on the 1994 UBC.

The following items listed need clarification, modification or change. All items must be satisfied before the plans will be in conformance with the cited codes and regulations. Per Sec. 106.4.3, 1994 Uniform Building Code, the approval of the plans does not permit the violation of any state, county or city law.

**To speed up the recheck process, please note on this list (or a copy) where each correction item has been addressed, i.e., plan sheet number, specification section, etc. Be sure to enclose the marked up list when you submit the revised plans.**

**Carlsbad 99-0027**  
**1/12/99**

**VALUATION AND PLAN CHECK FEE**

JURISDICTION: **Carlsbad**

PLAN CHECK NO.: **99-0027**

PREPARED BY: **Mike Puckett**

DATE: **1/12/99**

BUILDING ADDRESS: **3140 El Camino Real**

BUILDING OCCUPANCY: **A3/R2.1/R2.2**

TYPE OF CONSTRUCTION: **V-1hr**

BUILDING PORTION	BUILDING AREA (ft. <sup>2</sup> )	VALUATION MULTIPLIER	VALUE (\$)
Int. Rem./Add Door	NA	See Comments	See Comments
Air Conditioning			
Fire Sprinklers			
<b>TOTAL VALUE</b>			See Comments

☐ 199 UBC Building Permit Fee      ☐ Bldg. Permit Fee by ordinance: \$

☐ 199 UBC Plan Check Fee      ☐ Plan Check Fee by ordinance: \$

Type of Review:    ☐ **Complete Review**    ☐ Structural Only    ☒ Hourly

☐ Repetitive Fee Applicable      ☐ Other:

**Esgil Plan Review Fee:**      \$ 43.58

Comments: Esgil Fee = ½ hr. at \$87.15/hr. = \$43.58

**PLANNING DEPARTMENT  
BUILDING PLAN CHECK REVIEW CHECKLIST**

Plan Check No. CB 99-0077 Address 3140 EL CAMINO REAL  
Planner \_\_\_\_\_ Phone (619) 438-1161, extension \_\_\_\_\_  
APN: \_\_\_\_\_

Type of Project and Use: \_\_\_\_\_ Project Density: \_\_\_\_\_  
Zoning: \_\_\_\_\_ General Plan: \_\_\_\_\_ Facilities Management Zone: \_\_\_\_\_  
CFD (in/out) # \_\_\_\_\_ Date of participation: \_\_\_\_\_ Remaining net dev acres: \_\_\_\_\_  
Circle One

(For non-residential development: Type of land used created by this permit: \_\_\_\_\_)

**Legend:**



Item Complete



Item Incomplete - Needs your action

☐☐☐

**Environmental Review Required:** YES \_\_\_\_\_ NO \_\_\_\_\_ TYPE \_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_

Compliance with conditions of approval? If not, state conditions which require action.

Conditions of Approval: \_\_\_\_\_

☐☐☐

**Discretionary Action Required:** YES \_\_\_\_\_ NO \_\_\_\_\_ TYPE \_\_\_\_\_

APPROVAL/RESO. NO. \_\_\_\_\_ DATE \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

OTHER RELATED CASES: \_\_\_\_\_

Compliance with conditions or approval? If not, state conditions which require action.

Conditions of Approval: \_\_\_\_\_

☐☐☐

**Coastal Zone Assessment/Compliance**

Project site located in Coastal Zone? YES \_\_\_\_\_ NO \_\_\_\_\_

CA Coastal Commission Authority? YES \_\_\_\_\_ NO \_\_\_\_\_

If California Coastal Commission Authority: Contact them at - 3111 Camino Del Rio North, Suite 200, San Diego CA 92108-1725; (619) 521-8036

Determine status (Coastal Permit Required or Exempt): \_\_\_\_\_

Coastal Permit Determination Form already completed? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, complete Coastal Permit Determination Form now.

Coastal Permit Determination Log #: \_\_\_\_\_

**Follow-Up Actions:**

- 1) Stamp Building Plans as "Exempt" or "Coastal Permit Required" (at minimum Floor Plans).
- 2) Complete Coastal Permit Determination Log as needed.

☐ ☐ ☐

**Inclusionary Housing Fee required:** YES \_\_\_\_\_ NO \_\_\_\_\_

(Effective date of Inclusionary Housing Ordinance - May 21, 1993.)

**Data Entry Completed?** YES \_\_\_\_\_ NO \_\_\_\_\_

(Enter CB #: UACT; NEXT12; Construct housing Y/N; Enter Fee Amount (See fee schedule for amount); Return)

**Site Plan:**

☐ ☐ ☐

1. Provide a fully dimensional site plan drawn to scale. Show: North arrow, property lines, easements, existing and proposed structures, streets, existing street improvements, right-of-way width, dimensional setbacks and existing topographical lines.

☐ ☐ ☐

2. Provide legal description of property and assessor's parcel number.

**Zoning:**

☐ ☐ ☐

1. Setbacks:

Front:	Required _____	Shown _____
Interior Side:	Required _____	Shown _____
Street Side:	Required _____	Shown _____
Rear:	Required _____	Shown _____

☐ ☐ ☐

2. Accessory structure setbacks:

Front:	Required _____	Shown _____
Interior Side:	Required _____	Shown _____
Street Side:	Required _____	Shown _____
Rear:	Required _____	Shown _____
Structure separation:	Required _____	Shown _____

☐ ☐ ☐

3. Lot Coverage: Required \_\_\_\_\_ Shown \_\_\_\_\_

☐ ☐ ☐

4. Height: Required \_\_\_\_\_ Shown \_\_\_\_\_

☐ ☐ ☐

5. Parking: Spaces Required \_\_\_\_\_ Shown \_\_\_\_\_  
Guest Spaces Required \_\_\_\_\_ Shown \_\_\_\_\_

☐ ☐ ☐

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OK TO ISSUE AND ENTERED APPROVAL INTO COMPUTER

*Christina Bohannon* DATE 01/04/97



# PLANNING/ENGINEERING APPROVALS

PERMIT NUMBER CB 990027 DATE 1/18/99

ADDRESS 3140 El Camino Real

RESIDENTIAL

TENANT IMPROVEMENT

RESIDENTIAL ADDITION MINOR  
( $< \$10,000.00$ )

PLAZA CAMINO REAL

CARLSBAD COMPANY STORES

VILLAGE FAIRE

COMPLETE OFFICE BUILDING

OTHER \_\_\_\_\_

PLANNER \_\_\_\_\_

DATE \_\_\_\_\_

ENGINEER 

DATE 1/18/99